(Print Name of lobbyist)

PLEASE PRINT

STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

MAY 0.3 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

1. Name of Lobbyist(s) II. Name of lobbyist's partnership, firm or corporation, if any: (Telephone) III. This statement covers: (Choose one - file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client). All reportable transactions occurring in the months prior to the reporting date relative to the following client: (Full Name of Client as it appears on the Lobbyist Registration Form) OR ☐ All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client. July 31, 2019 🔲 April 24, 2019 🕽 1V. Date of Report activity from 4/1/19 to 6/30/19 activity from date of registration to 3/31/19 Reports cover: January 29, 2020 🗆 October 30, 2019 🗍 activity from 10/1/19 to 12/31/19 activity from 7/1/19 to 9/30/19 V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301. VI. Check if additional reports are attached: If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses [] If you have paid an honorarium or reimbursed expenses, you must file Addendum B- Report of Honorariums or Expense Reimbursement ☐ If you, your firm, or your family has made political contributions, you must file Addendum C- Political Contributions Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. (Date) (Signature of lobbyist)

STATE OF NEW HAMPSHIRE



E A S E

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Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Michael Demeh	y a Alex Kontron
II. Name of lobbyist's partnership, firm or corporation, if any:	
Dennehy & Bouley LLC (Name of partnership, firm or corporation)	
III. Name of Client Concord Hospital Concor Regional Healthcare	d Date 04/19/19
IV. Fees Received Indicate the gross amount of all fees received from the client identified abo to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The reduced by any expenses:	ove that are related, directly or indirectly, ent relations, or public relations services
a) Total of all fees received in this reporting period	a) s 12,000,00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar	d b) \$
c) Total of all fees received to date (Add lines a and b)	c) \$ 12,000.00
 d) Indicate the amount of any such fees that are due, but have not yet been paid 	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to fees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) during the reporting period for salaries, benefits, support staff, and office individual expenses where the expenditure was of \$25.00 or less (for exar lunch where the cost was \$25.00 or less, purchase of a pen with a value of being lobbied, purchase of a ceremonial object given to a person being lob (c) an itemized statement of each individual expenditure made during this reany purpose not covered by (a) (for example: purchase of a meal with a ceremonial object to be given to the subject of lobbying with a value gree restaurant expenses for a legislative reception). Expenses for honorarius contributions will be reported on separate addendums and should not be reported.	rt may be filed for the lobbyist(s)/firm. the aggregate total of all expenses paid e expenses; (b) the aggregate total of all imple: meals purchased during a business f less than \$10 that is given to the person obied with a value of \$25.00 or less); and reporting period of greater than \$25.00 for value of greater than \$25, purchase of a cater than \$25, but not greater than \$50, ams, expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$
b) Total aggregate of expenditures during this reporting period, not report in a), of \$25 or less.	ed b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	n \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	s
1	\$
· · · · · · · · · · · · · · · · · · ·	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
- Me	Y-24-11
(Signature of lobbyist)	(Date)
(Print Name of lobbyist) (Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: Dennehy & Bouley LLC
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): Concord Hospital Concord Regional Healtha
Date of Report (check one):
April 24, 2019 July 31, 2019 October 30, 2019 January 29, 2020
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I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
Addendum B(s).
Addendum C(s)
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.
(Signature of lobbyist) (Date)
Alex Koutroubas (Print Name of lobbyist)